

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5							55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	2						71					
22	2						72					
23	1						73					
24	1						74					
25	1						75					
26	1						76					
27	1						77					
28	1						78					
29	1						79					
30	1						80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	24						TOTAL DEP.					
TOTAL CLAIMS	30						TOTAL CLAIMS					

32

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS